

**PATENT APPLICATION FEE DETERMINATION RECORD**

Substitute for Form PTO-876

Application or Docket Number

09/603528

**CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	2 minus 20 =	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	1 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

\* If the difference in column 1 is less than zero, enter "0" in column 2.

**SMALL ENTITY**

OR

**OTHER THAN  
SMALL ENTITY**

RATE	FEE
	\$
X \$	
X \$	
+\$	
TOTAL	

RATE	FEE
	\$
X \$	
X \$	
+\$	
TOTAL	

**CLAIMS AS AMENDED - PART II**

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	2 Minus **	20	0
Independent (37 CFR 1.16(b))	1 Minus ***	3	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

**SMALL ENTITY**

OR

**OTHER THAN  
SMALL ENTITY**

RATE	ADDITIONAL FEE
X \$	
X \$	
+\$	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$	
X \$	
+\$	
TOTAL ADD'L FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	Minus **		
Independent (37 CFR 1.16(b))	Minus ***		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
X \$	
X \$	
+\$	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$	
X \$	
+\$	
TOTAL ADD'L FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	Minus **		
Independent (37 CFR 1.16(b))	Minus ***		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
X \$	
X \$	
+\$	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$	
X \$	
+\$	
TOTAL ADD'L FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**PATENT APPLICATION FEE DETERMINATION RECORD**  
**Effective December 29, 1999**

### Applications of Circular Flow

Lebanon

**CLAIMS AS FILED - PART I**

	FORM 1	FORM 2
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	9	2
DEPENDENT CLAIMS	2	0
MULTIPLE DEPENDENT CLAIMS PRESENT		

\* If the difference in column 1 is less than zero, order "D" in column 2

**CLASIS AS ASSESSED - PART 2**

AMENDMENT A	Column 1		Column 2		Column 3
	CLASS	REASON FOR AMENDMENT	REASON FOR AMENDMENT	REASON FOR AMENDMENT	
Total	8	0	20	0	
Independent	2	0	3	0	

FIRST PRIORITIZATION OF MULTIPLE DEFICIENT CLASS

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
	345.00	OR		690.00
150-		OR	2015-	
320-		OR	370-	
+430-		OR	+580-	
TOTAL		OR	TOTAL	690

1

AMOUNTMENT @	Column 1	Column 2	Column 3
	COAST RECEIVED FROM PASSENGERS	COAST RECEIVED FROM PASSENGERS FOR FUEL	RECEIVED FROM COAST
7/8/64			
fuel	- 2	- 20	- 0
Independent	- 1	- 3	- 0

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
ME 0-		ME 10-	
ME 10-		ME 20-	
ME 20-		ME 30-	
ME 30-		ME 40-	
ME 40-		ME 50-	
ME 50-		ME 60-	
ME 60-		ME 70-	
ME 70-		ME 80-	
ME 80-		ME 90-	
ME 90-		ME 100-	
ME 100-		ME 110-	
ME 110-		ME 120-	
ME 120-		ME 130-	
ME 130-		ME 140-	
ME 140-		ME 150-	
ME 150-		ME 160-	
ME 160-		ME 170-	
ME 170-		ME 180-	
ME 180-		ME 190-	
ME 190-		ME 200-	
ME 200-		ME 210-	
ME 210-		ME 220-	
ME 220-		ME 230-	
ME 230-		ME 240-	
ME 240-		ME 250-	
ME 250-		ME 260-	
ME 260-		ME 270-	
ME 270-		ME 280-	
ME 280-		ME 290-	
ME 290-		ME 300-	
ME 300-		ME 310-	
ME 310-		ME 320-	
ME 320-		ME 330-	
ME 330-		ME 340-	
ME 340-		ME 350-	
ME 350-		ME 360-	
ME 360-		ME 370-	
ME 370-		ME 380-	
ME 380-		ME 390-	
ME 390-		ME 400-	
ME 400-		ME 410-	
ME 410-		ME 420-	
ME 420-		ME 430-	
ME 430-		ME 440-	
ME 440-		ME 450-	
ME 450-		ME 460-	
ME 460-		ME 470-	
ME 470-		ME 480-	
ME 480-		ME 490-	
ME 490-		ME 500-	
ME 500-		ME 510-	
ME 510-		ME 520-	
ME 520-		ME 530-	
ME 530-		ME 540-	
ME 540-		ME 550-	
ME 550-		ME 560-	
ME 560-		ME 570-	
ME 570-		ME 580-	
ME 580-		ME 590-	
ME 590-		ME 600-	
ME 600-		ME 610-	
ME 610-		ME 620-	
ME 620-		ME 630-	
ME 630-		ME 640-	
ME 640-		ME 650-	
ME 650-		ME 660-	
ME 660-		ME 670-	
ME 670-		ME 680-	
ME 680-		ME 690-	
ME 690-		ME 700-	
ME 700-		ME 710-	
ME 710-		ME 720-	
ME 720-		ME 730-	
ME 730-		ME 740-	
ME 740-		ME 750-	
ME 750-		ME 760-	
ME 760-		ME 770-	
ME 770-		ME 780-	
ME 780-		ME 790-	
ME 790-		ME 800-	
ME 800-		ME 810-	
ME 810-		ME 820-	
ME 820-		ME 830-	
ME 830-		ME 840-	
ME 840-		ME 850-	
ME 850-		ME 860-	
ME 860-		ME 870-	
ME 870-		ME 880-	
ME 880-		ME 890-	
ME 890-		ME 900-	
ME 900-		ME 910-	
ME 910-		ME 920-	
ME 920-		ME 930-	
ME 930-		ME 940-	
ME 940-		ME 950-	
ME 950-		ME 960-	
ME 960-		ME 970-	
ME 970-		ME 980-	
ME 980-		ME 990-	
ME 990-		ME 1000-	
ME 1000-		ME 1010-	
ME 1010-		ME 1020-	
ME 1020-		ME 1030-	
ME 1030-		ME 1040-	

1

ASSESSMENT	Column 1		Column 2	Column 3	Column 4
	DATE	REMARKS AFTER INSPECTION	REMARKS AFTER INSPECTION	REMARKS AFTER INSPECTION	REMARKS AFTER INSPECTION
9/29/04					
Total	2	None	20	0	0
Independent	1	None	3	0	0

PAGE	ADDITIONAL PAGE	OR	PAGE	ADDITIONAL PAGE
100-		OR	100-	
200-		OR	200-	
300-		OR	300-	
400-		OR	400-	
500-		OR	500-	

1

\* If the only 1 column that contains numbers is the 1<sup>st</sup> column.  
 \* If the highest number frequency falls far to the right is the 1<sup>st</sup> column.  
 \* If the highest number frequency falls far to the left is the 1<sup>st</sup> column.  
 The highest number frequency falls far to the right is the 1<sup>st</sup> column.

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